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PTO/SB/17 (02-07)

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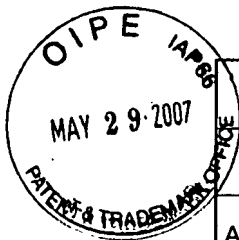
<b>FEE TRANSMITTAL</b> For FY 2007  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>		
		Application Number	10/766,563	
		Filing Date	January 26, 2004	
		First Named Inventor	Darren R. Boisjolie	
		Examiner Name	H. R. Rose	
TOTAL AMOUNT OF PAYMENT (\$)		120.00	Attorney Docket No.	69448-00020USPT

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>23-2426</u> Deposit Account Name: <u>Winstead PC</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
_____ - 20 = _____	x _____	= _____		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
_____ - 3 = _____	x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): <u>One Month Extension</u>							120.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	L0067
Name (Print/Type)	Shoair A. Mithani	Telephone	(214) 745-5403
		Date	May 24, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: May 24, 2007	Signature: <u>Toni Watkins</u> (Toni Watkins)



# AMENDMENT TRANSMITTAL LETTER

Docket No.  
69448-00020USPT

Application No.  
10/766,563

Filing Date  
January 26, 2004

Examiner  
H. R. Rose

Art Unit  
2163

Applicant(s): Darren R. Boisjolie et al.

Invention: METHOD OF PROVIDING ELECTRONIC MULTI-LAYERED FILTERING AND ACCOUNTABILITY

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	0	- 20 =	0	x 50.00	0.00
Independent Claims	0	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within one month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 23-2426 in the amount of \$ 120.00.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 23-2426 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Ross T. Robinson  
Attorney/Agent Reg. No.: 47,031

Dated: May 24, 2007

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Dated: May 24, 2007

Signature: 

(Toni Watkins)